

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

CRD-0949

First Inventor

Robert Burgermeister et al.

Title

STENT WITH OPTIMAL STRENGTH AND RADIOCAPACITY
CHARACTERISTICS

Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR
1.53(b))

APPLICATION ELEMENTS

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231See MPEP Chapter 600 concerning utility patent application
contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 33]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a
computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Unexecuted (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other

6. ☐ Application Data Sheet. See 37 CFR 1.7618. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed
Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying
continuation or divisional application and is hereby incorporated by reference. The incorporation can only be
relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.
Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Paul A. Coletti at:
Telephone: (732) 524-2815 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Paul A. Coletti Reg. No. 32019

SIGNATURE

DATE

29/06/01

J1046 U.S. PTO
09/899147

07/06/01

07/06/01

09899147, 070601

FEE TRANSMITTAL

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Robert Burgermeister et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	CRD-0949

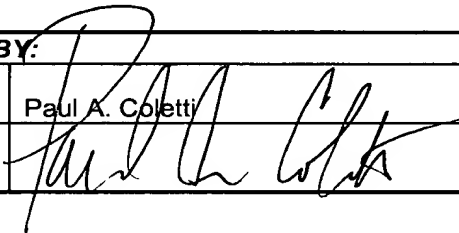
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	25 - 20 =	5	x 18.00	\$ 90.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 800.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/CRD-0949/PAC in the amount of \$800.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD-0949/PAC. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Paul A. Coletti	Reg. No. 32,019
Signature		Deposit Account No. 10-0750
	Date: 29/06/01	

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